Social Security Number (SSN)

Standard Form 86 Certification

INSTRUCTIONS: PLEASE TYPE OR LEGIBLY PRINT YOUR ANSWERS IN BLACK INK. Referencing information contained in your **most recent Standard Form 86** (SF **86**), Questionnaire for National Security Positions, (OMB No. 3206-0005), or information disclosed upon the **date of your last background investigation**, complete this Form. All questions on this Form must be answered. Any changes that you make to this Form after you sign it must be initialed and dated by you. The U.S. Criminal Code (Title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000 **and/or 5** years imprisonment, or both.

Do not provide information you have already provided on your most recent SF 86. Any Yes responses under Blocks 2 and/or 3 must be explained in Block 4. If additional space is needed, use a blank piece of paper. Each blank piece of paper must contain your name, date, and Social Security Number at the top of the page. Conclude by certifying the accuracy of your answers in Block 5, the Certification Note. You may request an interview with a government security officerlagent if you have questions pertaining to Blocks 2 and 3. Contractors shall inform employees that this Certification Form may be completed in private and returned to security personnel in a sealed envelope. It is IMPORTANT that you keep your most recent Standard Form 86 and a COPY of this certification form in your personal records file for immediate retrieval.

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Full Name (Last, First, Middle, Maiden)

Date of Birth (mm/dd/yyyy)			Place of Birth				
Telephone Numbers		Work	H	lome		Email	
S1	Γ ΟΡ! Che	ck this box if you wis	h to consult with	a government	security officer be	fore completing Blocks 2 and/or 3.	
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place ar	າ "Xin th					36. If you report no change to a Section All Yes answers must be explained und	
Yes	No						
		Section 5. (Other N	ames Used)				
		Section 6. (Other Identifying Information, Height/Weight/Hair/Eye/Sex M-F) (Not Applicable)					
		Section 7. (Telepho	ne Numbers) (<i>Pr</i> o	vide under Block	1, above)		
		section 8. (Citizens	hip)				
		Section 9. (Where You Have Lived)					
		Section 10. (Where	You Went To Sch	ool)			
		Section 11. (Your E	mployment Activiti	ies,)	-		
		Section 12. (People	Who Know You V	Vell) (Not Applica	ble)		
		Section 13. (Your S	Spouse)				
		Section 14. (Your F	Relatives and Asso	ciates)			
	1	Section 15. (Citizer	nship of Your Relat	ives and Associa	ates)		
		Section 16. (Your N	/lilitary History)				
		Section 17. (Your F	oreign Activities)				
		Section 18. (Foreig	n Countries You H	lave Visited)			
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Yes	No								
		Section 19. (Your Military Record)							
		Section 20. (Your Selective Service Record) (Not Applicable)							
]		Section 21. (Your Medical Record)							
		Section 22. (Your Employment Record)							
		Section 23. (Your Police Record)							
		Section 24. (Your Use of Illegal Drugs and Drug Activity)							
		Section 25. (Your Use Of Alcohol)							
		Section 26. (Your Investigations Record)							
		Section 27. (Your Financial Record)							
		Section 28. (Your Financial Delinquencies)							
		Section 29. (Public Record Civil Court Actions)							
		Section 30. (Your Association Record)							
Block 4	- Explai	iciloukenpks							
Ch	eck this b	this block if additional comments are attached. Place your name, date, and SSN at the top of each page.							
ST	OP • Ple	ase check this block if your SF-86. Questionnaire for National <i>Security</i> Positions, is attached.							
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I certify or since Change sign thi be pun	that the e my las es, if any is Note ii	a above information includes all changes to my most recent Standard Form 86, dated, tinvestigation, dated, (per instruction from your sponsor, note only one date). If a continuous properties of the date of							
Signatu	ıre (Sign in	nink) Date							